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APPLICANTS

Giora Biran, Zichron-Yaakov, ISRAEL;
 Zorik Machulsky, Nahariya, ISRAEL;
 Vadim Makhervaks, Yokneam, ISRAEL;

** CONTINUING DATA ***** (None)

** FOREIGN APPLICATIONS ***** (None)

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>[Handwritten Signature]</i>	Examiner's Signature	<i>[Handwritten Signature]</i>	Initials	ISRAEL	17	20	3

ADDRESS

HOFFMAN, WARNICK & D'ALESSANDRO LLC
 75 STATE ST
 14TH FL
 ALBANY, NY 12207
 UNITED STATES

TITLE

Reducing number of write operations relative to delivery of out-of-order RDMA send messages

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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